PTO/88/06 (12-04)

Approved for use through 7/31/2008, OMB 0651-0032

OR

OR.

TOTAL

ADO'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 09/970526 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) SMALL ENTITY (Column 2) NUMBER FILED FOR NUMBER EXTRA RATE (\$) FEE (\$) RATE (S) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (87 CFR 1.1604, (I), or (m)) EXAMINATION FEE (87 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS minus 29 = . (37 CFR 1.16(I)) OR INDEPENDENT CLAIMS = 6 aurilion x . (37 CFR 1.16(h)) ¥. . If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLASS PRESENT (87 CFR 1.16(I)) " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR' (Column 2) (Coturns 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT RATE (\$) **ADOI** RATE (\$) ADDI-TIONAL **AFTER PREVIOUSLY** EXTRA WENDMENT PAID FOR FEE (\$) FEE (\$) Total CF CFR 1.10(3) ENDM OR Independent (37 CFR L1004 b 3 × x we. = OR Loo Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I)) OR. TOTAL TOTAL 600 ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING RATE (\$) 8 ADD4 RATE (\$) AFTER **PREVIOUSLY** EXTRA TIONAL TIONAL MENDMENT PAID FOR FEE (4) FEE (S) Total (37 CPR 1.14()) Minus OR Independer × . OR Application Size Fee (37 CFR 1.16(s))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

, i',

TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "I" in column 3,

"If the "Highest Number Previously Paid For," IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For," IN THIS SPACE is less than 20, enter "20".

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This Collection of Information is required. For the Information is required to obtain or retain a bonefit Highle public whichthe: "This collection or information is required. For 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upth the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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